

ER Sheet Data Entry Form

Basic Data

Officer ID No. Details

Service	CSS	Cadre	Divisional Accountant	Sub Cadre		Id No.	will be alerted by CS Division, LNB
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Select List Year (Allot Year)

Name Details

Title	First Name	Middle Name	Sur Name	Initials	
Mr. <input checked="" type="checkbox"/>	Pramoth		Sarma	P.Sarma	
CSL No./ SCSL No: (if known)					
Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female	Date of Birth	02.01.1958	Date of Retirement	31.01.2018
Community	General <input checked="" type="checkbox"/>	Religion	Hindu <input checked="" type="checkbox"/>		
Father's Name	Late Padmanath Sarma				

Birth Details

Birth Place	Kamrup	Birth State/UT	Assam <input checked="" type="checkbox"/>	Nationality	Indian
Birth District	Kamrup	Mother Tongue	Assamese		
Domicile	Assam <input checked="" type="checkbox"/>	Physically Handicap Status	<input checked="" type="checkbox"/>		
Blood Group	O +ve <input checked="" type="checkbox"/>	Identification Marks			

Marital Details

Marital Status	Married <input checked="" type="checkbox"/>	Spouse Name	Mrs.Nilima Devi
Spouse Nationality	Indian		

Joining Details

Source of Recruitment	<input checked="" type="checkbox"/>	Joining Date	07.07.1983	Retirement Details	31.01.2018
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Departmental Examination Details

	Level		Year		Rank
1	<input checked="" type="checkbox"/>				
2	<input checked="" type="checkbox"/>				
3	<input checked="" type="checkbox"/>				

Remarks (if any)					
Language Known					
		Read		Write	Speak
Indian Languages Known	1	Assamese	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2	Hindi	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foreign Lang. Known	1	English	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>	Fluent <input checked="" type="checkbox"/>
	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address Details					
Permanant Address		Nahira, P.O.-Nahira, P.S.-Palashbari, District - Kamrup		City	Kamrup
		State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	781132
Present Contact Address		Lakhimpur Division, Brahmaputra Board, North Lakhimpur -787031		City	Lakhimpur
		State/UT	Assam <input checked="" type="checkbox"/>	Pin Code	787031
		Phone (Off)	03752-232307	Fax.	
		Phone(Res)		Mob No	9435306167
		E-Mail (Mandatory)			

Qualification (Use extra photocopy sheets for multi qualifications, experience, training, awards details)				
Qualification		Discipline		Specialization 1
BSc		Science		
Year	Division	CGPA		Specialization 2
1981	II			
Institution		University	Place	Country
Pragjyotish College		Guwahati	Guwahati	India

Experience			
Type of Posting		Level	
OTHER		<input checked="" type="checkbox"/> Other	<input checked="" type="checkbox"/>
Designation		Present Position	
Divisional Accountant		<input checked="" type="checkbox"/> Regular	<input checked="" type="checkbox"/>
Ministry		Department	
MOWR RD & GR		Brahmaputra Board	
Office		Place	
Lakhimpur Division		North Lakhimpur	
Experience Subject		Period of Posting	
Major		Minor	To

Note:-Refer the Annexure to fill above Major, Minor Subjects and below given training subject


Training				
Training Year	Training Name		Training Subject	
Level	Institute Name, Place		Field Visit Country	Field Visit Place (within India)
<input checked="" type="checkbox"/>				
Sponsoring Authority	Period of Training		Duration	Result
	From	To	(in Weeks)	<input type="radio"/> Qualified
				<input type="radio"/> Not Qualified

Awards/Publications				
Type of Activity :		<input type="radio"/> Academic	<input type="radio"/> Non Academic	
Activity Area		Activity Subject		Activity Title
Day	Month	Year	Activity Description/Remarks	
			Level	
			<input checked="" type="checkbox"/>	

Note: (i) Concerned CSS officer is responsible for the correctness of information sent through ER Sheet proforma.

(ii) Subject to verification by the concerned administrative authorities.

Date : _____ Place : _____
Information checked and verified - by _____


Signature of Officer

Section Officer	Ministry/Department	Building Name :	
E-mail Id	Room No.		
Phone No.	Wing No.		